Health, Welfare Public Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED DEC 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36892
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 371

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Inside Limits: Yes ☐ X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 422 W. Harrison S — Length of stay in 1b: 1yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Adair
c. CITY OR TOWN: Kirksville 0013 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 422 W. Harrison St — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Duane Middle: Kenneth Last: Lovell

4. DATE OF DEATH Month Day Year: Nov. 26, 1956

5. SEX: M **6. COLOR OR RACE:** W **7. MARRIED** ☐ **NEVER MARRIED** X **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Sept. 26, 1955 **9. AGE** (In years last birthday): 1 — IF UNDER 1 YEAR: Months 2, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (City and state or country): Kirksville, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kenneth Lovell
14. MOTHER'S MAIDEN NAME: Joe Ann Hart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT Address: Kenneth Lovell, Kirksville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) pneumonia — 12 hrs.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at 6:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert B. Davis (Degree or title) Coroner 3
22b. ADDRESS Kirksville, Mo
22c. DATE SIGNED 11/26/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/28/56
23c. NAME OF CEMETERY OR CREMATORY: Sabboth Home Cemtery
23d. LOCATION (City, town, or county) (State): Adair County, Mo.

24. FUNERAL DIRECTOR: Paul M. Riley **ADDRESS:** Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: 12-2-56
26. REGISTRAR'S SIGNATURE: Kate Lambert

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Kenneth E. Hayes

Licensed Embalmer No. 489

P. O. Address Kirkwood,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.